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HEALTH PROFILE: MEKONG REGION

HIV/AIDS

Estimated Number of People Living with HIV/AIDS (end of 2003)	
Burma*	340,000 [170,000-620,000]
China	850,000 [430,000-1,500,000]
Lao PDR	1,700
Thailand†	570,000
Vietnam‡	220,000 [110,000-360,000]
Total Population (2003)	
Burma	52.168 million
China	1,313.309 million
Lao PDR	5.787 million
Thailand	63.465 million
Vietnam	82.690 million

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In the escalating global HIV/AIDS pandemic, the Mekong region of Asia is of increasing concern. Several factors have come together in this region to provide a fertile environment for the spread of HIV/AIDS: injecting drug use, a high degree of mobility within and between countries, the thriving sex industry, discrimination against vulnerable populations, and poverty.

The U.S. Agency for International Development (USAID) is working vigorously in the Mekong region to slow the spread of HIV and to mitigate the effects of HIV and AIDS on affected individuals and their societies. An interim HIV/AIDS strategic plan for the Greater Mekong region is in effect for the period 2003–2006 as a five-year strategy is being developed for 2006–2012. Greater Mekong funds for the three-year program are being used for HIV-prevention efforts in the Mekong countries of Burma, China, Thailand, Laos, and Vietnam, which was a focus country under the President's Emergency Plan for AIDS Relief.

Burma

Burma has one of the most serious epidemics in Asia, with an estimated national adult prevalence of 1–2%. HIV/AIDS is now ranked as the nation's third most important health challenge after malaria and tuberculosis. Available epidemiological data suggest that the country is close to the "tipping point," the point at which the critical mass of infection becomes so great that the epidemic is self-sustaining in the general population, even if risk behavior in the most vulnerable subpopulations, such as injecting drug users (IDUs), men who have sex with men (MSM), and commercial sex workers, is significantly reduced. Evidence that HIV is firmly established in the general population is shown by anonymous testing of pregnant women receiving antenatal care. HIV prevalence in this group—usually considered to be indicative of the low-risk population—averages 1.6%.

There were an estimated 340,000 people living with HIV/AIDS in Burma at the end of 2003. Most of these (65%) are believed to have acquired the virus through heterosexual contact, but 26% became infected as a result of injecting drug use, and an additional 5% as a result of contaminated blood. Information on infection among MSM is very limited, but HIV prevalence is believed to be extremely high among this at-risk population, with stigma and discrimination greatly hampering prevention activities.

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Adult HIV Seroprevalence (end of 2003)	
Burma*	0.6%-2.2%
China	0.1%
Lao PDR	0.1%
Thailand	1.5%
Vietnam	0.4%
HIV-1 Seroprevalence in Urban Areas Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	
Burma	34.6%
China	0%
Lao PDR	1.1%
Thailand	12.9%
Vietnam	14.3%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	
Burma	1.6%
China	0%
Lao PDR	0.4%
Thailand	1.6%
Vietnam	0.9%

*Official statistics are not available; estimates are based on limited surveys conducted by UNAIDS and other researchers.
† Estimate (2004 Congressional Budget Justification for Thailand)
‡ Estimate at the end of 2002 by Vietnam Ministry of Health

Sources: UNAIDS, U.S. Census Bureau, USAID

China

By the end of 2003, China's Ministry of Health had reported HIV cases in all mainland provinces, autonomous regions, and municipalities. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), at that time about 840,000 people were living with HIV, 80,000 of whom had AIDS.

Since 1999, reports of HIV cases have increased by 30% annually. According to UNAIDS and the Ministry of Health, total HIV infections in the country could reach 10 million by 2010. About 70% of HIV infections are attributed to injecting drug use and tainted plasma from unsafe collection procedures for blood products, with the remainder occurring via sex workers and their clients, MSM, and mother-to-child transmission (MTCT). HIV/AIDS affects all parts of the country, but the bulk of the impact has occurred in rural, poor areas in about 200 of China's 2,800 provinces.

Lao People's Democratic Republic

HIV prevalence is thought to be low in the Lao People's Democratic Republic (PDR), but low HIV prevalence does not necessarily mean low risk. For example, a 2001 behavioral surveillance survey of HIV and sexually transmitted infection conducted by Family Health International (FHI) found that 38% of commercial sex workers had had gonorrhea or chlamydia in the previous 12 months, as did 10% of truck drivers. In addition, neighboring provinces of China and parts of Vietnam report significant rates of HIV infection, and cross-border migration to neighboring countries means the HIV epidemic will continue to spread in the Lao PDR if appropriate interventions are not established.

Thailand

In 2000, HIV/AIDS prevalence in Thailand stood at 1.8%; by the end of 2003, this figure had dropped to 1.5%, with just slightly more than 20,000 new HIV infections being recorded each year. Although heterosexual intercourse still accounts for the majority of new infections (80%), homosexual and injecting drug use account for a significant proportion of new infections. HIV prevalence among IDUs remains unacceptably high (around 40%) and is one of the most significant challenges to controlling the spread of HIV.

Vietnam

Vietnam is experiencing an explosive HIV epidemic, primarily fueled by the use of illicit injection drugs. The nation had an estimated 220,000 HIV infections in 2003; less than 35% of all cases, however, have been identified. Counseling and testing programs, initiated in 2001, are still limited, and effective antiretroviral (ARV) therapies remain unavailable. While 65% of reported infections occur among IDUs, UNAIDS estimates that more than 80% of new infections are sexually transmitted. Although urban areas were initially most affected, now all provinces report cases, according to the Vietnamese government. Four of the largest urban areas are already experiencing generalized epidemics, as evidenced by antenatal HIV prevalence estimated at 1%. A notable feature of Vietnam's HIV epidemic is the youth of those affected: an estimated 65% of all new infections are in people under age 25.

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NATIONAL RESPONSES

Burma

The National AIDS Committee, created in 1989 and chaired by the Minister of Health, oversees the National AIDS Program of Burma. It is a multisectoral working body, drawn from various governmental agencies and nongovernmental organizations (NGOs), under the guidance of the National Health Committee, which provides policy guidelines.

Awareness campaigns and prevention are slowly increasing. A program for prevention of mother-to-child transmission (PMTCT) began in 2000, and by 2003, 32 townships were included. A school-based healthy living and AIDS prevention education project, the SHAPE program, is in place. This initiative covers 1.5 million school children in 50 townships. The government has committed itself to supporting the introduction of HIV/AIDS prevention programs for commercial sex workers and IDUs. For example, a pilot 100% condom use program has operated in two townships since 2000, and, by 2005, 110 townships were included.

China

To emphasize treatment and prevention of the disease as national priorities, in 2004, China issued the "Notice on Enhancing the Prevention and Treatment of AIDS" and organized a working committee as well as a national conference on HIV/AIDS prevention and treatment. Related government services include the provision of free ARV treatment to needy AIDS patients in rural areas; anonymous, free testing in high-prevalence areas; free testing to pregnant women to help prevent MTCT; waivers of school fees for children orphaned as a result of AIDS; and financial support to needy AIDS patients. National HIV prevention services, including about 20 sterile needle-exchange sites, currently reach about 3% of China's estimated 4 million IDUs. Services are also provided to about 5% of the nation's estimated 3.5 million sex workers and about 1% of the estimated 5.1 million MSM in the country. There is a growing demand for ARV treatment, which is provided to about 8.4% of those with AIDS.

Government HIV-prevention activities also focus on raising awareness among the general population, particularly young people. Achievements thus far include the addition of HIV/AIDS educational materials to some secondary school curriculums and the reduction of social stigma.

Lao People's Democratic Republic

The National Committee for the Control of AIDS is in charge of implementing HIV/AIDS prevention and control activities in the Lao PDR. The committee consists of 14 members from 12 government ministries. A 100% condom use policy has been established. The National Action Plan on HIV/AIDS and sexually transmitted diseases for the 2002–2005 period has a strong focus on prevention and advocacy. By the end of 2003, Laos had raised $11 million in international funding to implement its action plan.

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International nongovernmental organizations are encouraged to take on many of the prevention activities throughout the nation; however, the Lao PDR is a communist state and generally does not recognize the role of indigenous NGOs. Despite this, a Lao network of people living with HIV/AIDS, LNP+, has been established. In addition, care and support services for people living with HIV/AIDS have been initiated in one province and will be expanded to four others. Second generation surveillance activities (sexually transmitted infection (STI), HIV, and behavioral) were completed in November 2004, and the data are being used as the basis for the new national plan as well as proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Thailand

Thailand has received wide recognition for leading one of the world's most successful HIV-prevention campaigns. Its approach was threefold. First, Thailand's political leaders recognized the devastating scale of the epidemic and were willing to openly discuss HIV/AIDS. Second, the government addressed the epidemic from both prevention and treatment perspectives. Third, Thai officials tackled the epidemic from cultural, economic, human, and social aspects, and from the beginning encouraged involvement by all levels of Thai society.

By July 2004, of the more than half-million Thais living with HIV, more than 236,000 individuals had developed AIDS. Of these, an estimated 120,000 adults aged 15–49 were in need of antiretroviral therapy (ART). For the 2003–2007 period, Thailand is expected to receive $209 million from the Global Fund, primarily to provide ARV drugs to persons living with HIV/AIDS. According to the Global Fund, UNAIDS, and the Thai government, the nation is well on its way to providing ARV drugs by the end of 2005 to an estimated 70,000 people living with HIV/AIDS.

Vietnam

In an effort to prevent the further spread of HIV, Vietnam's National AIDS Control Program has been widely promoting and distributing condoms through family planning clinics nationwide. Vietnam has also partnered with the U.S. Office of Drug Control and Crime Prevention to curb the spread of HIV among IDUs.

USAID SUPPORT

The reopening of USAID's Regional Development Mission in Asia (RDM/A) in 2003 supported the development of USAID's HIV/AIDS Strategic Plan for the Greater Mekong Region, with an objective to increase effective responses to HIV/AIDS in the Greater Mekong Region.

Launched in 2004, the Greater Mekong Regional HIV/AIDS program focuses on prevention and treatment across the Mekong region (Burma, Thailand, Laos, Vietnam, and the Chinese provinces of Yunnan and Guangxi). USAID's RDM/A partners include FHI, Populations Services International (PSI), Pact/REACH, CARE/CORE, Futures Group/POLICY Project, International HIV/AIDS Alliance, Rational Pharmaceutical Management Plus Project (RPM+), and US Pharmacopeial Convention (USP).

ONGOING IMPLEMENTATION ACTIVITIES

The goals of RDM/A's HIV/AIDS strategy in the Greater Mekong Region are to reduce the incidence and prevalence of HIV/AIDS and to mitigate its impact on people living with HIV/AIDS (PLWHA) and their families. This entails reducing HIV transmission among most at-risk populations (MARPs). The primary target groups are MARPs, especially IDUs, MSM, sex workers and their clients, mobile and migrant populations, and PLWHA. The strategic objective is to increase the use of effective responses to HIV/AIDS, focusing primarily on prevention but also including care and treatment.

To achieve these goals, the strategy focuses on four major components. The first component is to make strategic information more available and useful. The second is to increase access to comprehensive prevention interventions for MARPs. The third component is to increase access to care, support, and treatment for PLWHA and their families. The fourth component is to strengthen an "enabling environment," which focuses on increasing participation of civil society and developing and implementing supportive policies and regulations. Capacity development is a crosscutting theme that cuts across all four components.

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Strategic Information

Strategic information, which includes surveillance, monitoring, and evaluation data, is essential to good planning and program tracking. One of the major objectives of RDM/A's regional strategic information component is data collection and analysis to mobilize effective HIV/AIDS responses. Through a partnership between FHI, Futures Group/POLICY Project, and the East/West Center, an initiative entitled "The Asia Regional Integrated Analysis and Advocacy Project" is being designed to merge the strengths of country-specific analysis of epidemic dynamics and innovative advocacy approaches to improve the prevention and care responses. The acronym of this initiative—the A2 Project—is designed to highlight the synergistic marriage or linkage between two traditionally separate fields to promote the following: increased political commitment and improved decision-making through expanded use of local evidence, improved quality and design of national surveillance systems, better monitoring and understanding of epidemic dynamics, improved evaluation and direction of national responses, increased resource allocation, and reduced stigma and discrimination.

To complement the A2 effort, USAID/HIV/AIDS-Health Office is also supporting the development of an integrated HIV geographical information system (GIS) database. The content of this database will include existing information about: hotspots for HIV risk and vulnerability, high-risk population size estimations, estimated HIV prevalence in high-risk populations, the presence of HIV/AIDS programs and activities, and program or service coverage.

The combination of these tools will help to ensure that decision-making within the Greater Mekong region results from accurate, up-to-date, empirical and programmatic data and analysis.

Increased access to prevention interventions for MARPs

The importance throughout the region of increasing access to prevention activities cannot be overemphasized, especially for such MARPs as IDUs, MSM, sex workers and their clients, and mobile and migrant populations. Thus, prevention interventions are the priority focus area for RDM/A's HIV/AIDS strategy.

At the regional level, the RDM/A is helping to scale up and share relevant lessons learned from interventions that work with MARPs across the region. Effective prevention models that encourage condom use and improve access to drug and STI treatment for these target groups are being brought to scale and replicated in other countries. Other activities include workshops to address male sexual health among MARPs, regional social marketing campaigns, and standardized behavior change communication (BCC) protocols.

At the country level, the RDM/A is identifying gaps in prevention services for MARPs. In selected countries, activities consist of comprehensive prevention programs for MSM, IDUs, and sex workers and their clients. While condom social marketing has been very successful in some countries, it is being expanded and targeted to more MARPs. All groups, especially MARPs, could benefit from expanded access to counseling and testing, PMTCT, and STI diagnosis and treatment. Specific activities include expanded targeted social marketing of male and female condoms in Laos and Vietnam; increased access to counseling and testing, PMTCT, and STI education and treatment; and targeted behavior change communication in Burma.

Access increased to care, support, and treatment for PLWHA and their families

HIV/AIDS in the region places significant burdens on families, communities, and health care systems. Provision of comprehensive care, support, and treatment for PLWHA and their families is compounded by a number of challenges, including weak health care infrastructures and competencies, limited ART services, and stigma and discrimination. Recent declines in the price of ART have encouraged most countries in the region to develop plans to provide low-cost treatment for PLWHA. Several countries (including Thailand and China) are now producing generic copies of several ARV drugs. However, with the exception of Thailand, countries in the region have limited understanding and knowledge of the complexities of providing ART.

The RDM/A is supporting interventions at both the individual country and regional levels, including: expanding and replicating models of providing HIV/AIDS care and support to underserved populations; producing resource materials related to PLWHA consumer education and treatment literacy, including the development of user-friendly resources

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for local PLWHA groups to train their own members; providing and scaling up clinical and home-based care services to PLWHA and their families, for example, in Thailand, Burma, and China; expanding outreach for HIV-positive ethnic minorities, especially in border provinces, such as along the Thai-Burmese border; and building support group capacity among PLWHA, for example, in Vietnam.

Creating an enabling environment

Addressing and reducing the growth of HIV/AIDS in the region involves developing an "enabling environment" within both government and civil society. The RDM/A strategy consists of three parts: 1) strengthening political commitment and leadership throughout the region; 2) increasing participation of civil society in policy development and advocacy in selected countries; and 3) strengthening capacity in policy development and advocacy at both the regional and country levels.

At the regional level, RDM/A is working with its partners in all countries and with regional entities such as Association of Southeast Asian Nations to promote development of a regional commitment to deal with the HIV/AIDS epidemic and to develop operational plans to implement appropriate interventions. At the country level, civil society participation in policy development and advocacy is required. Country level activities include assisting PLWHA to form support groups and participate in NGO policy development and advocacy activities, sponsoring workshops in selected countries to identify ways for civil society/NGOs to become involved in policy development and advocacy, providing in-country technical assistance to nascent NGOs, and conducting GOALS modeling exercises in selected countries.

Capacity building

Weak human and institutional capacity in all countries affects the way HIV/AIDS prevention, care, and treatment services are delivered. To address this need, USAID is helping governments and international and local organizations to adopt care and support activities that are focused on enhancements of individual and institutional capacity to address HIV/AIDS. People living with HIV/AIDS have received help in building advocacy skills; health care providers have received training in nonstigmatizing practices and the latest medical advances; outreach workers have received training in prevention, care, support, and treatment interventions; governments have received assistance in collecting and analyzing data to inform decision-making processes; and businesses are receiving help developing workplace HIV/AIDS policies and programs.

IMPORTANT LINKS AND CONTACTS

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USAID HIV/AIDS Web site for Mekong Regional Program:
http://www.usaid.gov/our_work/global_health/aids/Countries/ane/aneregion.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids/